PTO/SB/00(12-04)

Approved for the through 17 17000 CMB 0611-0032 Under the Paperwork Reduction Act of 1995, no periods are required to respond to a pollection of information unders a glaphage a yast CMB control tember. U.S. Paleris and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Application of Doctor Humber Substitute for Fam PTO-875 Effective December 8, 2004 322 66. APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN · (Caimin 2) SMALL ENTITY ÓR SMALL ENTITY FOR HUMBER FILED HUNBER EXIRA BASIC FEE BATE (\$) FEE BATE (\$1 37 CFR 1 16(4) (6) # (6) NVA £É(ti) N/A HVA 150,00 S EARCH FEE NIA 300,00 (31 CFR | 16(W. H. ox [m]) N/A . N/A NA \$250 EXAMINATION FEE NIA \$600 NA (37 CFR 1 1610). (p). or (q)) N/A NA \$100 TOTAL CLAIMS NA \$200 (37.CFR 1 16(0) munus 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 ÓR X100 C nunum X200 Of beene agriffed and drawings exceed 100 APPLICATION SIZE sheels of paper, the application size fee due is \$260 (\$125 for small enthy) for each additional 50 sheets or fraction thereof, see (37 CFR | 16(4)) 35 U.S.O. 41(a)(1)(Q) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT OF CFR I ISHII +180= 4360= If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY CLXIMS HIGHEST REMAINING NUMBER PRESENT APTER AMENOMENT RATE (1) 106 ADDI. PREVIOUSLY PAID FOR EXTRA RATE(\$) TIONAL FEE (1) TIONAL FRE (1) total process Minus P X\$ 25 X\$50 proff Lieny OR Minus X100 X200 Application Site Fee (37 CFR 1.16(s)) **Of** first presentation of multiple dependent claim +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT RATE (1) ADDI-AFTER. RATE (\$) PREVIOUSLY EXTRA ADOI-TIONAL FEE(4) TIONAL PAID FOR FEE (1) Total Control Mirius MOVE X\$ 25 X\$50 districted a state of OR Minus X100 X200 Application 5124 F44 (37 OFR 1.16(6)) OR first presentation of multiple dependent claim (at CFR 1.16@) +180= +360z ØŔ TOTAL" TOTAL ADD'L FEE OR

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THUS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THUS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THUS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Independent) is the highest number found in the spikepidate box in column 1.

It is collection of information is required by 37 CFH 1.16. The information is required to obtain of retain a benefit by the public which is to file (and by the process) an application. Confidentially is potented by 35 U.S.Q. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Unline pathology, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the Individual case. Any commentation in the Individual case. Any commentation in the Individual case. Any commentation is incomed to the Chile Information Officer, U.S. Pathon Origin U.S. Department of Commerce, P.O. Box 1450, Nexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Origin Individual case of the Individual case of the